

# Statement of Facts

This form is designed to be filled out by the eligibility worker during the face-to-face interview with the applicant. However, it can be completed by the client in special situations, such as recertifying the food stamp household or applying by mail.

## A. Are all persons in the household U.S. citizens?

☐ Yes ☐ No

(If yes, skip to E)

*Applicants do not have to provide immigration status information or documents for any family members who are not eligible because of immigration status and who are not applying for benefits.*

Name of Person:	Sponsored?	How many years has each person in your household been in the U.S.?	In how many of those years did you, your spouse, and/or your parents (before you were 18) earn money through work in the U.S.?	How many years, if any, did you, your spouse, and/or your parents (before you were 18) work in the U.S. or for a U.S. company while not living in the U.S. ?
1.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
3.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
4.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
5.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
6.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
7.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
8.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
9.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
10.	<input type="checkbox"/> Yes <input type="checkbox"/> No			

## B. Is any noncitizen in the home on active duty in the U.S. military, a veteran, or the spouse or dependent child of someone on active duty or a veteran? If yes, explain:

☐ Yes ☐ No

Name of person:	Branch of service:	Date served:

## C. Is anyone in the home a battered noncitizen?

☐ Yes ☐ No

## D. Does anyone have at least 40 quarters or 10 years of work history in the USA? If yes, give their name(s) below:

☐ Yes ☐ No

Name of person(s) with at least 40 work quarters:

### COUNTY USE ONLY

Case Name

Case Number

Worker Number

Date

### TYPE OF APPLICATION

☐ New ☐ Recert  
☐ Residency verified  
☐ Length of time in another's home

☐ FS ID verified  
☐ Received food stamps  
 Where? \_\_\_\_\_  
 When? \_\_\_\_\_

### Household Information

Name	Eligible?	Reasons
1. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
2. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
3. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
4. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
5. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
6. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
7. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
8. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
9. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
10. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

 Honorable Discharge verified  
☐ YES ☐ NO

 INS Petition Filed?  
☐ YES ☐ NO

☐ 40 Quarters Verified  
☐ Own Quarters  
☐ Spouse's Quarters  
☐ Spouses' Combined Quarters  
☐ Parent(s) Quarters

 CFAP ☐ YES ☐ NO  
 Person #: \_\_\_\_\_

# Statement of Facts

**E. Is anyone in the home 60 years of age or older and unable to buy food and fix meals? Is anyone in the home blind, deaf, disabled or pregnant? If yes, explain below:**

☐ Yes ☐ No

Name	Explain	Name	Explain

**F. Does anyone live in any of the following types of facilities or take part in any food program including those listed below? If yes, explain below:**

☐ Yes ☐ No

- ☐ Homeless shelter
- ☐ Shelter for battered women
- ☐ Reservation for Native Americans
- ☐ Drug/Alcohol rehabilitation center
- ☐ Federally subsidized housing
- ☐ Communal dining facility for the elderly/disabled
- ☐ Group living arrangement for the blind/disabled
- ☐ Food distribution program
- ☐ Correctional facility/Penal institution
- ☐ Psychiatric hospital
- ☐ Mental institution

Name	Name of center/shelter/food program/etc.	Date entered	Date expected to leave

**G. Do you pay anyone or does anyone pay you for meals and/or a room? If yes, explain below:**

☐ Yes ☐ No

Name of person who pays for meals/room	Name of person who provides meals/room	Check: <input checked="" type="checkbox"/> Meals <input type="checkbox"/> Room <input type="checkbox"/> Both	How much?	How often?	# of meals per day?

**H. Is any member of your household running from the law to avoid felony prosecution, custody or confinement after conviction, or is any member in violation of probation or parole? If yes, explain below:**

☐ Yes ☐ No

Name	Explain	Name	Explain

**I. Have you or any member of your household been convicted of a drug-related felony for possession, use, or distribution of a controlled substance after August 22, 1996? If yes, explain below:**

☐ Yes ☐ No

Name of person convicted	Date of conviction:	Date committed:

**J. Have food stamp benefits been stopped for anyone because of work or training sanctions or failure to meet able-bodied adult without dependent (ABAWD) work requirements or for an Intentional Program Violation or welfare fraud? If yes, explain below:**

☐ Yes ☐ No

Name	What?	Why?	When?	How Long?	What County/State?

## COUNTY USE ONLY

Separate household required  
☐ YES ☐ NO

Medical Expenses  
DFA 285C Completed  
☐ YES ☐ NO

FS Eligible Facility  
☐ YES ☐ NO

### Household Elects

Boarder HH Member Roomer

Boarder HH Member Roomer

Exemption from FS work registration and/or the ABAWD work requirements?  
☐ YES ☐ NO

Good cause if sanction was imposed?  
☐ YES ☐ NO

Minimum FS sanction completed?  
☐ YES ☐ NO

Met ABAWD requirements for regaining eligibility?  
☐ YES ☐ NO

Eligible for 3 consecutive ABAWD months?  
☐ YES ☐ NO

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**K. Is anyone, 16 years of age or older, enrolled in school, college, or a training program? If yes, explain below:**

☐ Yes ☐ No

Name of person	Name of school	<input type="checkbox"/> Full time <input type="checkbox"/> Half time <input type="checkbox"/> Other	# of units per semester/qtr	Working? <input type="checkbox"/> Yes <input type="checkbox"/> No # of hours: _____
Name of person	Name of school	<input type="checkbox"/> Full time <input type="checkbox"/> Half time <input type="checkbox"/> Other	# of units per semester/qtr	Working? <input type="checkbox"/> Yes <input type="checkbox"/> No # of hours: _____

**L. Has anyone in the last 60 days quit/refused work or training? Is anyone on strike? If yes, explain below:**

☐ Yes ☐ No

☐ Yes ☐ No

Name of person	On strike <input type="checkbox"/> Quit/Refused Work <input type="checkbox"/>	Last day worked	Last date paid
Name/Address of employer/training		If quit or refused work/training, explain.	

**M. Has anyone sold, spent, or given away any real or personal property in the last 3 months, such as a house, car, bank account, money from a legal or accident settlement or anything else? If yes, explain below:**

☐ Yes ☐ No

Name	Explain

**N. Does anyone own or is anyone buying real estate anywhere (in or outside of the United States)? If yes, explain below:**

☐ Yes ☐ No

Type	Address or location	Used as: <input type="checkbox"/> Home <input type="checkbox"/> Rental	Owner:	Estimated value:  Amount owed:
Type	Address or location	Used as: <input type="checkbox"/> Home <input type="checkbox"/> Rental	Owner:	Estimated value:  Amount owed:

**O. Does anyone own any vehicles? (Include working or not working) If yes, explain below:**

☐ Yes ☐ No

	Vehicle 1	Vehicle 2	Vehicle 3
Owner of vehicle			
Is vehicle leased?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Year/Make/Model			
License number			
Amount owed			
Is vehicle currently licensed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

COUNTY USE ONLY

FS Eligible Student

☐ YES ☐ NO

FS Eligible Student

☐ YES ☐ NO

Striker Regs Apply

☐ YES ☐ NO

Gross Monthly Income Earned from Job Before the Strike:

\$ \_\_\_\_\_

Voluntary Quit

☐ YES ☐ NO

Good Cause

☐ YES ☐ NO

Vehicle exempt? Vehicle #: \_\_\_\_\_

☐ Produce Income

☐ Job/work training, other than daily commute

☐ Drive disabled FS HH member

☐ Home

☐ To get fuel/water for home

Net vehicle value less than \$1500?

Vehicle #1 ☐ Yes ☐ No

Vehicle #2 ☐ Yes ☐ No

Vehicle #3 ☐ Yes ☐ No

Countable value

Vehicle #1 \$ \_\_\_\_\_

Vehicle #2 \$ \_\_\_\_\_

Vehicle #3 \$ \_\_\_\_\_

**Total \$ \_\_\_\_\_**

# Statement of Facts

**P. Does anyone, including children, have any of the resources listed below? If yes, please explain below:**

☐ Yes ☐ No

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Cash or checks                         | <input type="checkbox"/> Mortgages             | <input type="checkbox"/> Employee deferred compensation | <input type="checkbox"/> IRA or Keogh Plans             |
| <input type="checkbox"/> Retirement funds                       | <input type="checkbox"/> Money market accounts | <input type="checkbox"/> Trust funds                    | <input type="checkbox"/> Oil, mining, or mineral rights |
| <input type="checkbox"/> Sales contracts                        | <input type="checkbox"/> Credit union accounts | <input type="checkbox"/> Checking or Savings accounts   | <input type="checkbox"/> Other                          |
| <input type="checkbox"/> Stocks, Bonds, Certificates of Deposit |  |   |   |

Type of resource	Owner	Current value	Amount owed (if any)	Name & Address of bank/institution	Account number

**Q. Does anyone, including children, get or expect to get money from any source listed below?**

☐ Yes ☐ No

- |  |   |   |  |
|--|---|---|--|
| • Cash assistance (CalWORKs, Refugee Assistance, CAPI, General Assistance/Relief, Tribal TANF) | • Veterans administration payments (Disability, Education, Aid and Attendance, etc) | • Other disability, retirement, survivors       | • Winnings (bingo, lottery, prizes, etc) |
| • State benefits (Unemployment or Disability Insurance Benefits)                               | • Social Security Benefits or SSI/SSP   | • Child/Spousal support                         | • Strike benefits                        |
|  | • Railroad retirement board (Disability or Retirement)                              | • Educational grants, loans and/or scholarships | • Training allowances                    |
|  |   | • Native American per capita payments           | • Other                                  |

Name	Source of money	How much?	How often?

**R. Is anyone in the home, including children, working or expecting to work in the next two months? If yes, explain below:**

☐ Yes ☐ No

Name	Employer/Address	# of hours worked per month	Monthly Gross income

**S. Does anyone pay for care of a child or disabled adult, so they can go to work, training, school, or look for a job? If yes, explain below:**

☐ Yes ☐ No

Name of person(s) who receives care	Name of person who pays	How much?	How often?
		\$	
		\$	

## COUNTY USE ONLY

Total Value = \_\_\_\_\_

SSI pending ☐ YES ☐ NO

Interim Assistance ☐ YES ☐ NO

GA ☐ YES ☐ NO

CAPI ☐ YES ☐ NO

Person #: \_\_\_\_\_

☐ Self-employed?

☐ Actual ☐ 40%

Is the caretaker a household member?

☐ YES ☐ NO

# Statement of Facts

**T. Does anyone else pay all or part of your child care costs?**  
If yes, explain below:

☐ Yes ☐ No

Name of person who pays

How much do they pay?

\$ \_\_\_\_\_ per \_\_\_\_\_

**U. Does anyone in the home pay child support?**  
If yes, explain below:

☐ Yes ☐ No

Name of person who pays

Name of child(ren) getting  
child support

Amount paid  
per month

Court ordered?

		\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
		\$	<input type="checkbox"/> YES <input type="checkbox"/> NO

**V. Do you or anyone living in the home have any housing costs?**

☐ Yes ☐ No

	Name	Total cost	Amount you pay	Amount family or other household members pay	How often billed
Rent or house payment		\$	\$	\$	
Property taxes and insurance (if separate)		\$	\$	\$	
Gas, electric, or other fuel used for heating or cooling		\$	\$	\$	
Water, sewage, garbage		\$	\$	\$	
Telephone		\$	\$	\$	
Other expense		\$	\$	\$	

**W. You can authorize someone else in your household or someone outside your household to pick up your food stamps. If you would like to authorize someone, complete below:**

Name of authorized representative

Address of authorized representative

Phone number

**X. Are you interested in information or a referral for medical coverage (Medi-Cal or Healthy Families)?**

☐ Yes ☐ No

## COUNTY USE ONLY

Court order on file?

☐ YES ☐ NO

Amount ordered: \$ \_\_\_\_\_

Total housing verified?

☐ YES ☐ NO

Total housing

\$ \_\_\_\_\_

Shared housing

☐ YES ☐ NO

Utilities verified?

☐ YES ☐ NO

Heating or Cooling verified?

☐ YES ☐ NO

Client elects?

☐ Actual ☐ SUA

If actual

Total utilities

\$ \_\_\_\_\_

SUA prorated?

☐ YES ☐ NO

# Statement of Facts

## CERTIFICATION

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>■ I understand the questions on this form.</li> <li>■ I understand that any facts that I have given, including benefit and income facts, will be matched with local, state, and federal records, such as employers, the Social Security Administration, tax, welfare, and employment agencies, etc.</li> <li>■ I understand that the county will send information to the Immigration and Naturalization Service (INS) for verification of noncitizen status, and to the Social Security Administration to check work quarters information for noncitizens applying for food stamp benefits.</li> <li>■ I understand that the information the county gets from INS and/or Social Security may affect my eligibility for food stamp benefits.</li> <li>■ I understand information, including benefit and income facts, that I have given on this form is subject to investigation and review by county, state, and federal personnel and that if I give incorrect facts my food stamp benefits may be denied or stopped.</li> <li>■ I understand my rights and responsibilities (DFA 285 A3) and agree to comply with my responsibilities.</li> <li>■ I understand the penalties, including the specific disqualification penalties for food stamp benefits, explained in DFA 285 A3, for giving incomplete facts, failing to report facts or situations which may affect my eligibility or benefits for food stamp benefits.</li> </ul> | <ul style="list-style-type: none"> <li>■ I understand that the food stamp household, any adult member of the food stamp household (even if they move out), the sponsor of a noncitizen household member or the authorized representative of residents in an eligible institution may be required to repay any benefits the household should not have received.</li> <li>■ I understand that my case may be selected for additional review to ensure that my eligibility was correctly figured and that I must cooperate fully with county, state, or federal personnel in any investigation or review, including a quality control review.</li> <li>■ I understand that any member of my household who is avoiding or running from the law to avoid a felony prosecution, custody or confinement after conviction or is in violation of their parole or probation cannot get food stamp benefits.</li> <li>■ I understand that anyone who has committed and has been convicted of a drug-related felony for possession, use or distribution of a controlled substance since August 22, 1996, cannot get food stamp benefits.</li> <li>■ I understand that if eligible, my benefits will be figured from the date I apply. I will be told if I am eligible or not within thirty (30) days after I apply.</li> </ul> |
|---|--|

***I understand that, if the county has completed this form based on my answers, I have reviewed and I agree that the information has been accurately recorded. I declare under penalty of perjury under the laws of the United States of America and the State of California that the information contained in this statement of facts is true, correct, and complete.***

Signature (Adult Household Member or Authorized Representative)

Date

Signature of Witness or Interpreter

Date

Signature of Eligibility Worker

Date